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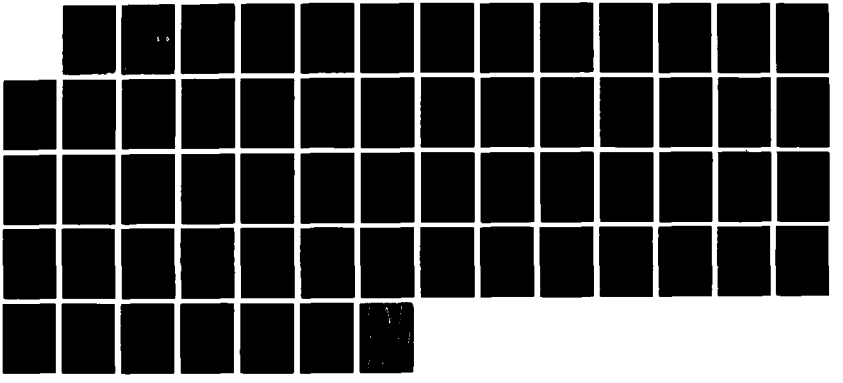

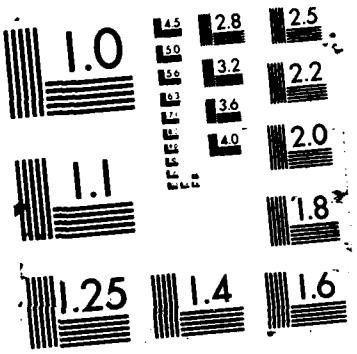
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HEAD NURSE LEADERSHIP STYLE AND STAFF NURSE JOB SATISFACTION: ARE THEY RELATED?

by

NANCY LOUISE LEWIS

FIELD STUDY

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

MASTER OF SCIENCE IN NURSING

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Chapter 1

Introduction

Job satisfaction for registered nurses should be of utmost concern for administrators of health care facilities and agencies that employ registered nurses. Job satisfaction in general has been investigated primarily by researchers in psychology over the past several years. Most researchers have looked at a variety of contributing factors, but few have narrowed their research to indepth studies on job satisfaction and perceived leadership style. One study by Eichorn and Frevert (1979) revealed that job satisfaction affects the quality of services provided in human service organizations. It is, thus, essential to identify aspects of the work environment that contribute to the job satisfaction or dissatisfaction of registered nurses. A study by Campbell (1986) looked at the correlation of management style and burnout among staff nurses. She found 60% of the staff nurses perceived leadership style as a major factor in job satisfaction and job-related stress.

As a manager and leader, the head nurse is in a vital position to influence the development of job dissatisfaction in staff nurses. The head nurse, as a representative of nursing administration, not only interprets and implements hospital policy but controls the flow of information. The day-to-day decisions made by the head nurse, such as scheduling and patient assignments, have a significant

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effect on staff nurses' perceptions of their work environment (Duxbury, Armstrong, Drew, & Henly, 1984).

Leadership has been studied extensively in many areas, especially in the world of business. Leadership, as applied to nursing, is a relatively new area of research, with publications appearing in the last 15 years.

People need and look for leadership. They want to become a part of goals and values they perceive as worthwhile. Leaders must remember that people interact, from within their perceptual fields and in their given roles, with other people. It is through the processes of understanding and communication that nurse leaders will notice an increase in staff satisfaction levels and staff productivity (Kepler, 1980).

Strong leaders are often the ones that respect dignity, autonomy, and self-esteem of their subordinates. Effective leaders are task oriented and display group maintenance abilities. Style becomes an important factor in accomplishing these two behaviors (Gil & Sumner, 1985). Phelps (1983) notes that the majority of employees use only 50 to 75% of their potential in their work environment. Thus, she surmises that the most adverse effect of inadequate leadership is unmet potential and lack of growth in staff.

This researcher has observed registered nurse job satisfaction and dissatisfaction in many different settings and is concerned with the significance of the head nurse's leadership style. Leadership style has previously been classified into three categories:

democratic or participatory; autocratic, authoritarian, or directive; or laissez faire. Research and observation have suggested that the personalities and characteristics reflected in each style affect the behavior and attitude of subordinates. The purpose of this pilot study is to quantify the relationships of head nurse leadership style, as perceived by the staff nurse, with self-reported job satisfaction on medical, surgical, and oncological units within a selected organization.

Chapter 2

Review of the Literature

Satisfaction

Staff nurses today are prime candidates for job dissatisfaction. Job satisfaction is most simply defined as an individual employee's judgment or evaluation of the work environment. Therefore, satisfaction is an individual's perception of feelings of contentment. Satisfaction is seen in the motivated employee. Job satisfaction or dissatisfaction is often produced by the interaction of one's traits, needs, and experiences with the work environment (Duxbury et al., 1984).

A relationship between supervisory personnel and the job satisfaction or dissatisfaction of nurses has been observed in previous studies. Cronin-Stubbs (1977) related supervision to both the satisfaction and dissatisfaction of graduate nurses and, further concluded that recognition from supervisors related more often to satisfaction. Longest (1974) reported differences in the way practicing registered nurses and nursing educators perceived factors that influence the job satisfaction of registered nurses. Longest further revealed that interpersonal relationships between staff nurses and their immediate supervisors were ranked quite highly. He identified a long-standing perception of staff nurse maltreatment by hospital administrators as the possible cause of this ranking. These staff nurses saw the head nurse as the first-line representative of hospital administration. Brown (1985) found a

positive correlation between graduation year of a staff nurse, work experience and job satisfaction. Brown also reported that greater than 50% of the staff nurses in her study were dissatisfied with the following dimensions of their jobs: creativity, independence, authority, company policies and practices, human relations side of supervision, technical side of supervision, responsibility, and recognition.

Smith, Kendall, and Hulin (1969) proposed that satisfaction is not merely the result of positive or negative feelings. They claim that satisfaction is perceived from an individual's frame of reference, that is, the individual's traits, needs, and experiences interact with the work environment. It is this interaction that produces perceived satisfaction or dissatisfaction with the job.

Shoemaker and El-Ahraf (1983) state "the Nursing Department autocrat is on the way out, so are the matriarchs and militarists" (p. 70). They declare decentralization as a mechanism that may enhance the level of job satisfaction and, ultimately, decrease the extent of personnel turnover. In their study of 20 hospitals, 77% were decentralized down to the unit level. In 61.1%, worker satisfaction was cited as the reason for this management change. Luedecke (1979) illustrated how changing to a decentralized mode of management and participatory leadership can change a medical unit from a state of complete disruption to a positive working environment.

Levanoni and Knoop (1985) report that leaders' supportive behavior has the strongest positive impact on satisfaction and

motivation for those employees who work on stressful, frustrating, or unsatisfying tasks. Jacobsen (1951) found that subordinates who are involved in the decision-making process report more positive attitudes.

Staff satisfaction can be greatly enhanced through the processes of understanding and communication. Communication is the most fundamental and most critical task to be mastered. Ideal communication is a dynamic process of action, reaction, and feedback (Kepler, 1980). Thus, open communication is the ideal that managers and leaders should strive for.

Most of the studies on job satisfaction among nurses have used Herzberg's dual factor theory. He suggested that satisfaction and dissatisfaction are separate entities arising from different characteristics within the work environment. Herzberg described intrinsic characteristics as promoting satisfaction. These include achievement, responsibility, and work itself. He further identified extrinsic characteristics that he said were related to dissatisfaction. These characteristics are supervision, salary and security (Herzberg, Mausner, Peterson, & Capwell, 1959). However, the results of those studies failed to support that theory.

Leadership

It seems as though the majority of authors use the terms management and leadership interchangeably. The following definitions provide different ideas between the terms "manager"

and "leader." Both factors are critically important to organizations, yet lack a crisp distinction.

Management is viewed as the administrative ordering of things. That is to say, it consists of written plans, clear organization charts, well-documented annual objectives, frequent reports, detailed and precise position descriptions, and regular evaluations of performance against objectives (Zenger, 1985). Managers control.

Leadership involves inspiration, motivation, and direction. It generates an emotional connection between the leader and his/her subordinates. The term "leadership" has been less well-defined, mostly due to its historical association with charisma. Levenstein (1985) defines leadership as "the process of getting other people to support common goals and to cooperate in their implementation" (p. 74). Leaders create commitment.

Leadership is not exclusive to the top level administrators. Indeed, strong leaders may be interspersed throughout an organization. Zenger (1985) identified six behavioral dimensions that he feels best describes leadership:

1. Leaders create values through communication. Leaders are good communicators, using a range of techniques to successfully do so. Leaders focus on emotional issues that form a bond from them to their followers. They contrast to managers, who curtail communication or communicate only on a need to know basis.

2. Leaders develop committed followers. They establish that direct emotional link that extends beyond the usual boss-subordinate

relationship. They involve others, seek information, look for solutions to problems, and provide frequent positive feedback. They challenge people to strive for their goals and develop to their fullest potential. Leaders expect high quality and quantity, and they tolerate honest mistakes. Managers, unlike leaders, emphasize results and focus on the task rather than the individual.

3. Leaders inspire great accomplishments. The leader starts by accepting personal responsibility for the group's accomplishment of objectives, with no excuses. He/she establishes standards that inspire the followers. The leader may take risks and bend the rules to meet the goals. Leaders strive for large leaps forward. The manager, however, goes for modest gains. They lack the passion and commitment displayed by leaders and seldom take risks.

4. Leaders display model behavior that followers want to emulate. They earn their role because they symbolize the values and norms of the group. Failure to send a clear signal or doing something when they have said another seriously jeopardize their effectiveness in their role. Managers are not concerned with modeling behavior. They manage from their offices and tend to be less visible to subordinates. The impact of their behavior is of little concern to them.

5. Leaders focus on important issues. They recognize that, realistically, only a limited number of goals can be pursued at any one time. Managers want control of performance dimensions, so they will focus on several dimensions simultaneously.

6. Leaders are the link between their group and the outside world. They receive and give information. Managers dwell on the immediate group under their supervision. Staying close to their desks severely limits their contact with the outside world.

Stogdill (1957) identified three ways of accomplishing leadership. First, the leader may put emphasis on being a socially acceptable person in his/her interactions with other group members. Second, the leader may focus on getting the job done. Emphasis is on group production and concern with problems relative to obtaining the group's objectives. Third, the leader can stress team work, making it possible for members of a group or organization to work together. The leader acts as a group catalyst.

It is entirely possible to be a successful manager while only performing management tasks. However, truly effective managers--those who maximally contribute to their organizations--combine managerial and leadership skills. Kucha (1970) exerts that successful nursing administration depends on a number of basic skills which include both leadership and management skills.

Leadership style is how a leader uses interpersonal influence to accomplish goals. Nursing leaders are responsible for their staff's efficiency, motivation, and morale. Mastering the skills of understanding and communication have been shown to increase staff satisfaction levels and enhance staff productivity (Kepler, 1980). Thus, a main component of leadership style is communication. Communication is essential in participatory leadership. The style of

the head nurse who shares leadership encourages communication patterns that lead to participatory management and harmony (Jacobsen-Webb, 1985).

McGee (1984) completed a study of leadership styles among the various levels of nurses within a certain organization. Only 75% displayed a democratic (participatory) style of leadership, as perceived by the staff nurses. However, only 52% of the staff nurses were satisfied with the leadership style as it was presented.

Nurses who have gained their managerial/leadership skills by practicing at the staff nurse level tend to be confused about the appropriateness of delegating nursing tasks. This is largely due to the principles of primary nursing which discourages delegation. Many tasks that are considered routine for the head nurse would represent both a challenge and a learning opportunity for the staff nurse (Poteet, 1984). The head nurse must recognize the fact that staff nurses are proficient in their clinical skills. Acknowledging their skill, then delegating authority and responsibility to them can be rewarding for both the head nurse and the staff nurse (Powers, 1984).

Staff nurses under authoritarian leadership often feel alienated from their leader and, consequently, display poor morale. The apparent attitude of laissez faire leaders usually influences their subordinates' attitudes. The result is that the subordinates, too, become apathetic. Both of these styles have a detrimental effect on job satisfaction and can have terrible consequences for

the patients and their care (Smith, 1985). Phelps (1983) describes one form of laissez faire leadership as the leader who attempts to avoid authoritarian leadership. This leader often exhibits passive behaviors and seeks appeasment over productivity. In its most prominent form, this style of leadership runs away from decision-making.

Vroom and Mann's (1960) study of leader authoritarianism and employee attitudes supported a situational approach to leadership. They further suggested that the "effectiveness of democratic leadership depends upon the interdependence of the work group and restraints on interaction between supervisor and subordinates" (p. 125).

Participatory leadership style refers "to a simple distinct way of leader-subordinate decision-making in which there is power-equalization by the leader and a sharing of final decision-making of the leader with subordinates" (Bass, 1981, p. 310). In this style, the leader consults with subordinates, requests their suggestions, and seriously considers these suggestions before making a decision. Generally, consensus is sought. Participatory leadership involves the leader seeking participation by the subordinates versus close supervision. Often, along with power-equalization, there is delegation with authority and nondirective leadership. Participative leadership requires a leader with power who is willing to share that power. The leader establishes the boundaries within which subordinate participation

or consultation is welcomed. Participative decision-making is a characteristic of democratic leadership (Bass, 1981).

Dawson and Womack (1985) researched the people approach in achieving organizational objectives. They concluded that the practicing manager should use a healthy mix of analytical methods and consideration to enhance his/her probability of success.

Previous leadership behavior studies have isolated two dimensions of leadership behavior: Consideration and initiating structure. Most of the research on this two-dimensional theory has been accomplished by Fleishman and Harris (1962). They described consideration as when the leader's focus is on concern for group members' needs. Structure was identified with the focus on achievement of organizational goals.

Consideration is closely linked to participative decision-making leadership. Consideration includes such elements as: asking subordinates for their suggestions before going ahead, getting the approval of subordinates on important matters, treating one's subordinates as equals, making subordinates feel at ease when talking with the leader, putting subordinates' suggestions into operation, and remaining easily approachable. "Consideration involves support and concern for employee welfare" (Bass, 1981, p. 312).

The directive style of leadership is the opposite. The directive leader decides and announces his decision without consulting subordinates beforehand. This direction can be with or

without explanation. Directiveness can refer to that part of the decision-making continuum where the leader may not give strict orders, but may manipulate, sell, persuade, negotiate, or bargain with the subordinates. Direction is usually found in autocratic leaders. These leaders tend to be close supervisors, who do a great deal of structuring and are manipulative and persuasive (Bass, 1981). The directive leader lets subordinates know what is expected of them, establishes specific guidelines as to what should be done and how it should be done, clearly delineates his/her part in the group, schedules the workload, maintains definite standards of performance, and expects group members to follow set rules and regulations (Kaluzny, Warner, Warren, & Zelman, 1982).

Similarly, initiating structure contains many elements of direction: making attitudes clear, assigning subordinates to particular tasks, and deciding in detail what shall be done and how it is to be done. "Initiation concerns production emphasis" (Bass, 1981, p. 312).

Fleishman and Harris (1962) reported that different combinations of these two patterns are related to different rates of employee grievance and turnover. Low consideration, when associated with low or high structure, resulted in a high grievance rate. High consideration, when associated with low or high structure resulted in a markedly lower grievance rate. They determined that the overall environment of the work place was primarily affected by the consideration of the leader, rather than the structure. This

research used a questionnaire that was developed to ascertain subordinate perceptions of supervisory behavior.

A leader who received a high score on the consideration dimension revealed that he/she had developed a work atmosphere of mutual trust, respect for subordinates' ideas, and consideration of subordinates' feelings. This type of leader encourages good superior-subordinate rapport and open communication. On the other hand, a low consideration score indicates that the leader is more impersonal in dealings with subordinates (Arndt & Huckabay, 1980).

A leader who scored high on the initiating structure dimension reflected that personal roles and those of subordinates are structured toward the attainment of goals by the leader. This type of leader is actively involved in planning work activities, communicating pertinent information, and scheduling work (Arndt & Huckabay, 1980).

One cannot overlook the effects of the environment outside the immediate work group. Economic events such as inflation and taxes can affect the work situation. Political, social, and legal issues can impact on the work situation, also. Higher authority can indirectly prevent participation in decisions by subordinates by demanding immediate answers from supervisors, thereby inhibiting the opportunity for workers to be consulted (Bass, 1981).

Zaleznik (1977) describes managers as those who view work as an enabling process involving some interaction of people and ideas

to establish strategies and make decisions. Managers appear flexible; they are seen to negotiate and bargain, yet they also use rewards and punishments. Zaleznik views leaders striving to develop fresh approaches to long-standing problems and to open issues for new options.

Vroom and Yetton have developed an overall cognitive approach to leadership, called the Rational-Deductive Approach. Vroom and Yetton rationally joined some of the widely accepted facts about leadership to prescribe what approach is most likely to succeed--direction or participation. They profess that supervisors should direct when they are confident that they know what needs to be done and when their subordinates do not have this knowledge. Vroom and Yetton go one step further to suggest that in this type of situation, a decision made by the supervisor will be accepted by subordinates. They also believe the opposite to be true: "If the subordinates have more of the information than the supervisors, if their acceptance and commitment are of utmost importance, and if subordinates can be trusted to concern themselves with the organizations's interests, the supervisor should be participative" (Bass, 1981).

Vroom describes leadership behavior as being on a autocratic/participatory continuum. Vroom's model can be considered a "contingency" theory because it professes that no single leadership method will be best in all situations. He goes one step further, and claims that it is not merely the situation, but the leaders'

interpretation of the situation that brings about certain behaviors (Vroom & Yetton, 1973).

Vroom, (Vroom & Yetton, 1973, p. 13) identifies five key types of leadership methods that fall within the autocratic/participatory continuum:

Autocratic I:	The leader makes the decision utilizing all information available to him/her at the time. The leader solves the problem.
Autocratic II:	The leader gathers the necessary information from group members, then decides on the solution to the problem. The members may or may not be informed of what the problem is. The members merely provide information, rather than initiate or evaluate alternative solutions.
Consultative I:	The leader shares the problem with important group members individually, obtaining their ideas and suggestions. The members are never consulted as a whole. The leader arrives at a decision, which may or may not reflect the members' influences.
Consultative II:	The leader shares the problem with the members, at the same time. He/she gets their ideas, then makes a decision which may or may not reflect the members' suggestions.
Group II:	The leader shares the problem with the members as a group. The leader and members work together to generate and evaluate alternatives and strive for consensus on the solution. The leader role is similar to that of chairperson of a committee.

Vroom identifies seven attributes that the leader considers in judging which type of leadership to use. The seven items are listed below:

1. The value of the quality of the decision.

2. The extent to which leaders possess sufficient information and expertise to make a high-quality decision, alone.

3. The extent of the structure of the problem.

4. The extent to which acceptance and/or commitment on behalf of the subordinates is crucial to effective implementation of the decisive action.

5. The probability that the leader's autocratic decision will be accepted by subordinates.

6. The extent to which subordinates are motivated to attain organizational goals as represented in the objectives clearly stated in the problem.

7. The extent to which subordinates will disagree over the solution (Vroom & Yetton, 1973).

The conditions of the situation that prompt the leader to be more or less participative are the conditions that make greater or lesser participative leadership more effective and satisfying. Consultation, participation, and delegation have been found to be highly intercorrelated. Consultative managers are usually highly participative and delegative. The extent to which managers are directive often correlates positively with the extent to which they are manipulative or negotiative. The empirical opposite to all of the leadership styles is inactivity, laissez faire leadership (Bass & Valenzi, 1974).

Bass and Valenzi (1974) found managerial participation, as seen by the subordinates, correlated .25 with their job satisfaction. The correlation was comparable for delegation. They also found direction to be positively correlated with satisfaction .17. Negotiation and manipulation were found to be negatively correlated to job satisfaction.

What are the effects of decision-making on subordinate satisfaction? Vroom and Yetton (1973) reported a high correlation between worker satisfaction and participation in decision-making. They found employee satisfaction to be especially low under directive supervision. Their research has not included professional nurses. Vroom predicts that subordinates with equal or greater task knowledge than the leader will show greater dissatisfaction with a directive leader.

Registered nurses have specialized skill and knowledge of their job requirements. Thus, according to Vroom, nurses will show greater job satisfaction with participative versus directive leadership. This study was conducted to find support for Vroom's prediction.

Research Questions

1. Are there relationships between staff nurse perceptions of head nurse leadership styles and staff nurse job satisfaction?

2. Are there relationships between consensus perception of each head nurse leadership style and staff nurse job satisfaction on medical, surgical, and oncological units?

Chapter 3

Methodology

A questionnaire was designed to collect demographic data directly from participating nurses. Respondents were compared on the following variables: (a) Length of nursing career; (b) educational preparation; (c) length of time worked on unit; (d) work status (part-time or full-time); (e) shift primarily worked; (f) stated satisfaction or dissatisfaction with present staff position; (g) rank ordering from 1 through 6 of the following satisfaction/dissatisfaction factors: (1) salary, (2) hours, (3) leadership, (4) lack of recognition, (5) patient assignment, and (6) realization of wrong career choice; (h) perceived contribution of the head nurse to the feeling of job satisfaction; and (i) identification of whom the staff nurse perceived as being the greatest source of career development and influence.

In addition to the demographic questions, two instruments were used in this study: The Minnesota Satisfaction Questionnaire (MSQ) and the Supervisory Behavior Description Questionnaire (SBDQ). The content validity of the MSQ is well-established as reported by Weiss, Davis, England, and Loquist (1967). The internal consistency reliability (Cronbach's alpha) was .87 for the short form of the MSQ in a study by Duxbury et al. (1984). Fleishman reported on the reliability and validity of the SBDQ in Stogdill's Handbook of Leadership (1981). He states that the two dimensions, consideration and initiating structure, were independent of each

other (r = -.02) and adequate internal consistency reliability was achieved for each dimension key. He declares the usual halo effect that occurs in most instruments in this area seems to have been eliminated.

The short form of the MSQ consists of twenty 5-point measures assessing all relevant dimensions of job satisfaction. The questionnaire consists of the best item from each of the 20 scales of the long form of the MSQ. The responses are weighed 1 through 5, proceeding from very dissatisfied to very satisfied.

The revised SBDQ was used as a measure of head nurse leadership dimensions. The SBDQ is comprised of two scales and was designed to be filled out by the subordinate. One scale has 28 items that address consideration focused items while the other scale has 20 items that address initiating structure items. Consideration indicates a relationship with subordinates characterized by mutual trust, respect for ideas, sensitivity of feelings, and open communication patterns. Structure indicates the degree to which the leader directs activities of the work unit by planning, scheduling, criticizing, and monitoring. The responses are weighed 1 (never) through 6 (always).

A sample of four units consisting of medical, surgical, and oncological patients was selected from a 190 bed, suburban hospital. The original sample consisted of the total number (53) of registered nurses employed in staff nurse positions on the four

units. Twenty-six staff nurses returned completed questionnaires at the end of the week.

Every staff nurse of the four units was given a self-contained research packet. The packet included a cover letter explaining the nature of the study, a consent form, the three questionnaires, methods for insuring confidentiality of responses, and assurance that participation was voluntary. Written, informed consent was obtained from each of the participants. Nurses were requested to complete the demographic questionnaire, the MSQ, and the SBDQ and seal them in envelopes provided with each packet. They were, then, instructed to place the sealed envelopes in a centrally located manila envelope on their nursing unit. The questionnaires were collected four days later. The data from the questionnaires were analyzed using Statistical Package for the Social Sciences (SPSS) a computerized statistical analysis package.

Chapter 4

Results

Demographic Data

The results of the demographic data were interesting and display a bias of this sample (see Table 1). Seventeen of the 26 subjects have worked at the institution used in this study for at least 7 years. Seven of the nurses have returned to college since completing their original school of nursing program. Eight of the subjects have worked on their respective units for 2 to 4 years, while 8 others have worked on their units for 6 to 8 years. The number of part-time and full-time employees were evenly divided and the majority of all subjects primarily work day shift. Twenty-four subjects reported feeling satisfied with their current staff position. Eleven nurses ranked "hours" as contributing most to their satisfaction or dissatisfaction. Ten nurses ranked "leadership" third. All of the subjects ranked "wrong choice" as contributing least.

The majority of nurses, 21, felt that their head nurse contributed to their feeling of satisfaction. The majority of respondents, 21, felt they received the greatest career development and influence from themselves, rather than from their head nurses or assistant head nurses.

Table 1

Demographic Data

1. Length of Nursing Career:	
Less than 1 year	1
1 year to 3 years	3
3 years to 5 years	1
5 years to 7 years	3
7 years or more	17
2. Educational Preparation:	
Diploma	8
AD	10
BSN	6
MSN	1
Other	1
3. Length of Time Worked on Current Unit:	
Less than 6 months	1
6 to 11 months	1
1 year	1
1 year to less than 2 years	3
2 to 4 years	8
4 to 6 years	2
6 to 8 years	9
More than 8 years	1
4. Work Status:	
Part-time	12
Full-time	13
5. Primary Shift Worked:	
Days	16
Evenings	4
Nights	5
6. Satisfied with Present Staff Position:	
Yes	24
No	1
7. Does Leadership from Head Nurse Contribute to Job Satisfaction:	
Yes	21
No	4
8. Receive Greatest Career Development and Influence from:	
Self	21
Head Nurse	3
Assistant Head Nurse	1

Question 1

Pearson correlations were calculated between each of the variables to determine the relationships between staff nurse perceptions of head nurse leadership style and degrees of staff nurse satisfaction. The intercorrelations of individual staff nurse perception of head nurse consideration and initiating structure and job satisfaction are presented in Table 2. Job satisfaction strongly correlates with perceived consideration (r = .4901, df = 24, $p < .01$). Job satisfaction, however, showed no significant correlation to initiating structure (r = .1777, df = 24, $p > .05$).

Table 2

Intercorrelations Among Staff Nurse Perception of Head Nurse Leadership and Job Satisfaction

	Consideration	Initiating Structure	Degree of Job Satisfaction
Consideration	1.0000		
Initiating Structure	.6179**	1.0000	
Degree of Job Satisfaction	.4901*	.1777	1.0000

df = 24, *$p < .01$, **$p < .001$

Questions 2

The analyses used to determine whether there are relationships between consensus perception of head nurse consideration and

initiating structure were more complex. The mean responses of the staff nurse perceptions of head nurse consideration and initiating structure were obtained for each unit surveyed. These responses were used to classify the head nurses according to leadership style. The staff nurses of all four units ranked their respective head nurses high in consideration. The differences between the units were in the staff nurses' perceptions of the initiating structure of their head nurses.

Analysis of variance was used to compare how job satisfaction varies among the four units. Table 3 depicts the mean scores and standard deviation of head nurse leadership style groups with staff nurse job satisfaction scores on the four units. Table 4 shows the between groups and within groups scores. Analysis of variance for satisfaction, based upon the unit assigned, was statistically significant ($F_{3,22} = 3.9248$, $p < .05$). There was a statistically significant difference between consensus perceptions of head nurse leadership style and job satisfaction among the four units studied. The relationship of job satisfaction to consideration (participatory style) was very positive, while the relationship of job satisfaction to initiating structure (authoritarian style) was positive, but not to a significant level ($p = > .01$). Results of analysis of variance between job satisfaction and the individual demographic variables obtained for this study were not significant.

Table 3

Head Nurse Leadership Style Groups and Staff Nurse Job Satisfaction

(n = 26)

Unit	(n)	Leadership Style	Staff Nurse Satisfaction $\bar{X}$	SD
1	(5)	High Consideration, High Structure	3.7	.22
3	(8)	High Consideration, High Structure	4.06	.15
2	(5)	High Consideration, Low Structure	3.62	.28
4	(8)	High Consideration, Low Structure	3.88	.31

Table 4

Summary of Variance of Head Nurse Leadership Style Groups and Staff Nurse Job Satisfaction for Four Nursing Units (n = 26)

Source	SS	DF	MS	F	Sig.
Between Groups	.7251	3	.2417	3.9248	.0220
Within Groups	1.3549	22	.0616		

ANOVA $F_{3,22} = 3.9248$, $p < .05$

Additional Statistical Tests Completed

Pearson correlations were used to ascertain if relationships exist between other variables. There was a statistically significant correlation between job satisfaction and the number of years the staff nurse has worked on the unit (r = .3230, df = 23, p <.05). Statistically significant correlations were obtained between perceived consideration and initiating structure (r = .6179, df = 24, p <.001) and the length of time the nurse has worked on the unit and the length of time in nursing (r = .7076, df = 23, p <.001).

Analysis of variance was used to compare perceived consideration to the work unit and the individual demographic variables. The only statistical significance was between consideration and the work unit ($F_{3,22}$ = 4.1136, p <.05).

Analysis of variance was, also, used to compare perceived initiating structure to the work unit and the individual demographic variables. Again, the only statistical significance was between initiating structure and the work unit ($F_{3,22}$ = 3.1288, p <.05).

Chapter 5

Discussion

Interpretation of Results

The results of this study indicated a statistically significant correlation between consideration and job satisfaction of the nurses of this particular institution (r = 4901, p <.01). Thus, participative decision-making leadership positively correlated to job satisfaction. On the contrary, the findings revealed no significant correlation between job satisfaction and initiating structure (r = .1777, p >.01). These findings indicated that the directive style of leadership is positively, but not significantly, correlated to job satisfaction. Therefore, these results supported this researcher's hypothesis, that there is a correlation between head nurse leadership style and staff nurse job satisfaction.

Kucha's (1970) study exerted that successful nursing administration depends on various basic skills, including the human relations approach. The findings of Levanoni and Knoop (1985) revealed that leaders' supportive behavior has the strongest positive impact on subordinate satisfaction. Shoemaker and El-Ahraf (1983) reported "the Nursing Department autocrat is on the way out. . . ." Every and Falcione's (1976) study found Relationship Orientation to be of primary importance to registered nurses' job satisfaction. Dawson and Womack (1985) concluded that the successful manager uses a combination of analytical methods and a human relations approach. These statements support the positive

correlation of participative decision-making to staff nurse job satisfaction.

Further support is given to these results from Fleishman and Harris (1962). They suggested that leader structure and consideration affect the behavior and attitude of subordinates. They determined that the overall environment of the work unit was primarily affected by the consideration of the leader, rather than the structure.

Brown (1985) reported staff nurse dissatisfaction with the human relations and technical aspects of supervision in the study, in addition to other variables. Again, this supports the results of the significant findings with consideration, but displays a lack of congruence with this researcher's results on initiating structure. Several possible explanations for this difference are possible: The different data collection instruments used, the relatively small sample size of this study, and the results that this sample all reported at least a moderate degree of job satisfaction.

The findings of this study revealed staff nurse job satisfaction to be significantly different among the individual units surveyed. Concurrently, consensus perceptions of head nurse consideration and structure also significantly differed between units. Thus, the findings supported that there are relationships between consensus perception of each head nurse leadership style and staff nurse job satisfaction on medical, surgical and oncological units.

In relating these findings to Vroom and Yetton's decision-making continuum, all of the head nurses were perceived by their staff to be participative leaders. The factor that placed the head nurse at different points along the continuum was the perceived degree of initiating structure. Vroom predicted that subordinates with equal or greater task knowledge than the leader will show greater dissatisfaction with a directive leader. Thus, according to Vroom, nurses will report greater job satisfaction with participative versus directive leadership. This sustains the results of this study, where all of the head nurses were rated high in consideration and the staff reported a moderate to high level of job satisfaction. None of the head nurses were rated high in direction. This result narrowed the amount of comparison that could be accomplished in seeing how job satisfaction relates to consideration and initiating structure.

Gill and Sumner (1985) stated effective leaders are task oriented and display group maintenance abilities. This yields support for the significant correlation between job satisfaction and consideration. Head nurses were perceived as displaying a moderate, although not significant, degree of structure. Thus, the leaders were viewed as being moderately task oriented.

Few managers are observed to use only one leadership style. A leader is classified as exhibiting a single leadership style if the subordinates indicatred that only one of these styles was displayed by the leader: "very often" or "always," "never" or

"seldom." A leader is classified as exhibiting a multi-leadership approach if the leader displayed at least three of the six styles: "never," "seldom," "sometimes," "fairly often," "very often," and/or "always" (Bass, 1981). All of the leaders in this study displayed at least three of the six styles. Therefore, the head nurses at this institution used a multi-leadership approach.

Implications for Nursing Practice

Standards to maintain quality of nursing services provided in health care organizations is higher than ever. Practice standards become more stringent each year. More knowledge, skills, and competence is required of nurse professionals. Previous studies have shown that job satisfaction affects the quality of services rendered. Thus, it is of immediate concern that nurse leaders recognize the environmental factors that affect job satisfaction or dissatisfaction.

It is imperative that nurse leaders identify, plan, implement, and evaluate various strategies to insure satisfaction in the nursing profession. In addition, these same steps must be taken to resolve dissatisfaction. Such strategies can include: Affording middle and upper level nurse leaders the opportunity to attend management and leadership seminars; developing management and leadership inservices to be provided to the nurse leaders of organizations; and encouraging the pursuit of higher education for all nurse leaders, specifically to include nursing administration courses. Through education and experience, nurse leaders can

develop and enhance the skills required of an effective nurse leader. That leader will be able to develop his/her staff to their maximum potential; achieve maximum, and high quality productivity; and facilitate job satisfaction for everyone.

Suggestions for Further Research

This study examined one very important aspect that has been shown to affect staff nurse job satisfaction. Further research should include: (a) a larger sample size from different geographic settings; (b) inclusion of nurses that have been employed at the institutions for varying periods of time; and (c) identification of other important factors that influence staff nurse job satisfaction. Hopefully that research would validate that staff nurse perception of head nurse consideration is a primary factor in staff nurse job satisfaction and that participative decision-making yields greater job satisfaction on all nursing units.

Appendix A

Demographic Questionnaire

Appendix A

Demographic Questionnaire

1. How long have you been a nurse?
   ____ Less than 1 year
   ____ 1 year to 3 years
   ____ 3 years to 5 years
   ____ 5 years to 7 years
   ____ 7 years or more

2. Educational preparation (check all that are appropriate)
   ____ Diploma
   ____ AD
   ____ BSN
   ____ MSN
   ____ Other

3. How long have you worked on this unit?
   ____ Less than 6 months
   ____ 6 to 11 months
   ____ 1 year
   ____ 1 year to less than 2 years
   ____ 2 to 4 years
   ____ 4 to 6 years
   ____ 6 to 8 years
   ____ More than 8 years

4. Are you working part-time ____?
   full-time ____?

5. Which shift do you primarily work?
   ____ Days
   ____ Evenings
   ____ Midnights

6. Are you satisfied with your present staff position?
   ____ Yes
   ____ No

7. Rank order the following factors, as they contribute to your feeling of satisfaction or dissatisfaction, with 1 having the greatest influence and 6 having the least influence. Use each number only once.
   ____ Salary
   ____ Hours
   ____ Leadership
   ____ Lack of recognition
   ____ Patient assignment
   ____ Realization of wrong career choice

8. Does the leadership from the head nurse on this unit contribute to your feeling of job satisfaction?
   ____ Yes
   ____ No

9. I receive the greatest career development and influence from
   ____ myself.
   ____ the Head Nurse.
   ____ the Assistant Head Nurse.

Appendix B

Preface to/and The Minnesota Satisfaction Questionnaire

Appendix B

Preface to the Minnesota Satisfaction Questionnaire

The purpose of this questionnaire is to give you a chance to tell how you feel about your present job, what things you are satisfied with and what things you are not satisfied with.

Read each statement carefully.

Describe how satisfied you feel about the aspect of your job described by the statement.

Keep the statement in mind:

- -if you feel that your job gives you more than you expected, check the box under "Very Sat." (Very Satisfied with this aspect of your job);
- -if you feel that your job gives you what you expected, check the box under "Sat." (Satisfied with this aspect of your job);
- -if you cannot make up your mind whether or not the job gives you what you expected, check the box under "N" (neither Satisfied nor Dissatisfied with this aspect of your job);
- -if you feel that your job gives you less than you expected, check the box under "Dissat." (Dissatisfied with this aspect of your job);
- -if you feel that your job gives you much less than you expected, check the box under "Very Dissat." (Very Dissatisfied with this aspect of your job).

Remember: Keep the statement in mind when deciding how satisfied you feel about that aspect of your job.

Do this for all statements. Please answer every item.

Be frank and honest. Give a true picture of your feelings about your present job.

Minnesota Satisfaction Questionnaire

Scale	Very Dissat.	Dissat.	Neutral	Sat.	Very Sat.
1. Being able to keep busy all the time	a____	b____	c____	d____	e____
2. The chance to work alone on the job	a____	b____	c____	d____	e____
3. The chance to do different things from time to time	a____	b____	c____	d____	e____
4. The chance to be "somebody" in the community	a____	b____	c____	d____	e____
5. The way my boss handles his/her workers	a____	b____	c____	d____	e____
6. The competence of my supervisor in making decisions	a____	b____	c____	d____	e____
7. Being able to do things that do not go against my conscience	a____	b____	c____	d____	e____
8. The way my job provides for steady employment	a____	b____	c____	d____	e____
9. The chance to do things for other people	a____	b____	c____	d____	e____
10. The chance to tell people what to do	a____	b____	c____	d____	e____
11. The chance to do something that makes use of my abilities	a____	b____	c____	d____	e____
12. The way company policies are put into practice	a____	b____	c____	d____	e____
13. My pay and the amount of work I do	a____	b____	c____	d____	e____

Scale	Very Dissat.	Dissat.	Neutral	Sat.	Very Sat.
14. The chances for advancement on this job	a____	b____	c____	d____	e____
15. The freedom to use my own judgment	a____	b____	c____	d____	e____
16. The chance to try my own methods of doing the job	a____	b____	c____	d____	e____
17. The working conditions	a____	b____	c____	d____	e____
18. The way my co-workers get along with each other	a____	b____	c____	d____	e____
19. The praise I get for doing a good job	a____	b____	c____	d____	e____
20. The feeling of accomplishment I get from the job	a____	b____	c____	d____	e____

Appendix C

Preface to/and The Supervisory Description Behavior Questionnaire

Appendix C

Preface to the Supervisory Description Behavior Questionnaire

The purpose of this questionnaire is to give you a chance to tell how you feel about the leadership style of your head nurse, what aspects you feel are positive behaviors and those you feel could be changed.

Read each statement carefully.

Describe how frequently you feel your head nurse displays the behavior described by the statement.

Keeping the statement in mind:

-if you feel that your head nurse never displays the particular behavior, check the box under "Never";

-if you feel that your head nurse rarely displays the particular behavior, check the box under "Seldom";

-if you feel that your head nurse occasionally displays the particular behavior, check the box under "Some" (Sometimes);

-if you feel that your head nurse frequently displays the particular behavior, check the box under "Fair Oft" (Fairly Often);

-if you feel that your head nurse usually displays the particular behavior, check the box under "Very Oft" (Very Often);

-if you feel that your head nurse displays the behavior at all times, check the box under "Always."

Do this for all statements. Please answer every item.

Be frank and honest. Give a true picture of your perception about the leadership style of your head nurse.

Supervisory Behavior Description Questionnaire

Item	Never	Seldom	Some	Fair Oft	Very Oft	Always
1. Refuses to give in when people disagree with him/her.	f____	g____	h____	i____	j____	k____
2. Does personal favors for staff nurses.	f____	g____	h____	i____	j____	k____
3. Expresses appreciation when a staff member does a good job.	f____	g____	h____	i____	j____	k____
4. Is easy to understand.	f____	g____	h____	i____	j____	k____
5. Demands more than you can do.	f____	g____	h____	i____	j____	k____
6. Helps staff nurses with their personal problems.	f____	g____	h____	i____	j____	k____
7. Criticizes staff nurses in front of others.	f____	g____	h____	i____	j____	k____
8. Stands up for his/her staff nurses even though it makes him/her unpopular.	f____	g____	h____	i____	j____	k____
9. Insists that everything be done his/her way.	f____	g____	h____	i____	j____	k____
10. Sees that a staff nurse is rewarded for a job well done.	f____	g____	h____	i____	j____	k____
11. Rejects suggestions for changes.	f____	g____	h____	i____	j____	k____
12. Changes the duties of staff nurses without first talking it over with them.	f____	g____	h____	i____	j____	k____

Item	Never	Seldom	Some	Fair Oft	Very Oft	Always
13. Treats staff nurses without considering their feelings.	f____	g____	h____	i____	j____	k____
14. Tires to keep staff nurses in good standing with those in higher authority	f____	g____	h____	i____	j____	k____
15. Resists changes in ways of doing things.	f____	g____	h____	i____	j____	k____
16. "Rides" the staff nurses who make a mistake	f____	g____	h____	i____	j____	k____
17. Refuses to explain his/her actions.	f____	g____	h____	i____	j____	k____
18. Acts without consulting staff nurses first.	f____	g____	h____	i____	j____	k____
19. Stresses the importance of high morale amlng staff nurses.	f____	g____	h____	i____	j____	k____
20. Backs up staff nurses in their actions.	f____	g____	h____	i____	j____	k____
21. Is slow to accept new ideas.	f____	g____	h____	i____	j____	k____
22. Treats all staff nurses as his/her equal.	f____	g____	h____	i____	j____	k____
23. Criticizes a specific act rather than a particular individual.	f____	g____	h____	i____	j____	k____
24. Is willing to make changes	f____	g____	h____	i____	j____	k____

Item	Never	Seldom	Some	Fair Oft	Very Oft	Always
25. Makes those under him/her feel at ease when talking with staff nurses.	f____	g____	h____	i____	j____	k____
26. Is friendly and can be easily approached.	f____	g____	h____	i____	j____	k____
27. Puts suggestions that are made by staff nurses into operation.	f____	g____	h____	i____	j____	k____
28. Gets the approval of staff nurses on important matters before going ahead.	f____	g____	h____	i____	j____	k____
29. Encourages over-time work.	f____	g____	h____	i____	j____	k____
30. Tries out his/her new ideas.	f____	g____	h____	i____	j____	k____
31. Rules with an iron hand.	f____	g____	h____	i____	j____	k____
32. Criticizes poor work.	f____	g____	h____	i____	j____	k____
33. Talks about how much should be done.	f____	g____	h____	i____	j____	k____
34. Encourages slow-working staff nurses to greater effort.	f____	g____	h____	i____	j____	k____
35. Waits for staff nurses to push new ideas before he/she does.	f____	g____	h____	i____	j____	k____
36. Assigns staff nurses to particular tasks.	f____	g____	h____	i____	j____	k____

Item	Never	Seldom	Some	Fair Oft	Very Oft	Always
37. Asks for sacrifices from staff nurses for the good of the entire department.	f____	g____	h____	i____	j____	k____
38. Insists that staff nurses follow standard ways of doing things in every detail.	f____	g____	h____	i____	j____	k____
39. Sees to it that staff nurses are working up to their limits.	f____	g____	h____	i____	j____	k____
40. Offers new approaches to problems.	f____	g____	h____	i____	j____	k____
41. Insists that he/she be informed on decisions made by staff nurses.	f____	g____	h____	i____	j____	k____
42. Lets others do their work the way they think best.	f____	g____	h____	i____	j____	k____
43. Stresses being ahead of competing work groups.	f____	g____	h____	i____	j____	k____
44. "Needles" staff nurses for greater effort.	f____	g____	h____	i____	j____	k____
45. Decides in detail what shall be done and how it shall be done.	f____	g____	h____	i____	j____	k____
46. Emphasizes meeting of deadlines.	f____	g____	h____	i____	j____	k____

Item	Never	Seldom	Some	Fair Oft	Very Oft	Always
47. Asks staff nurses who have slow subordinates to get more out of their subordinates	f____	g____	h____	i____	j____	k____
48. Emphasizes the quantity of work.	f____	g____	h____	i____	j____	k____

Appendix D

Written Instructions to Subjects

Appendix D

Written Instructions to Subjects

My name is Nancy L. Lewis, a graduate nursing student at Wayne State University. I am doing a research study on head nurse leadership style and staff nurse job satisfaction. The purpose of this research study is to determine the relationship of the perceived leadership style of the head nurse to the job satisfaction of staff nurses on three types of hospital units. All of the staff nurses on all three shifts on four randomly selected medical, surgical, and oncological units are being asked to participate.

My only affiliation with _____ is my research study. _____ has given me permission to contact you, but the decision to participate in this study is entirely yours.

If you agree to participate, you will have three questionnaires to answer. It should take approximately 30 minutes of your time to answer the questionnaires.

The consent form reads as follows:

The research study has been explained to me, and I understand that the purpose of the research is to determine the relationship, if any, between head nurse leadership style and staff nurse job satisfaction. I understand that if I agree to participate, I will be asked to answer two questionnaires about my perception of my head nurse's leadership style, my feelings of satisfaction with my present job, and some general demographic questions. The questionnaires should take about 30 minutes of my time to answer.

I further understand that:

All information is confidential and my identity will not be revealed.

My participation is voluntary.

My decision to participate will not affect my job performance rating nor result in disciplinary action from anyone is this institution.

I am free to withdraw my consent and to discontinue my participation in the project at any time without explanation or resultant retribution.

Any questions I have about the project will be answered. If I have any difficulty resulting from the research I will contact the project nurse. (Nancy Lewis: phone 949-7128).

I will receive a carbon copy of this signed consent form.

Results of this study will be available at the Nursing Office. Individual copies will be furnished upon request.

In the event of any injury resulting from the research, no reimbursement, compensation or free medical care is offered by Wayne State University.

On the basis of the above statements, I agree to participate in this study.

_____ _____

Participant's Signature Date

_____ _____

Witness's Signature Code #

_____Project Nurse's Copy

_____Participant's Copy

Thank you for your time and effort.

Nancy L. Lewis, R.N., B.S.N.

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ABSTRACT

HEAD NURSE LEADERSHIP STYLE AND STAFF NURSE JOB SATISFACTION: ARE THEY RELATED?

by

Nancy Louise Lewis

May, 1987

Adviser: Yvonne Marie Abdoo, RN, PhD

Major: Advanced Medical/Surgical Nursing

Degree: Master of Science in Nursing

Staff nurse job satisfaction should be a topic of prime concern to all nurse leaders and health care administrators. These nurses are the core of the work unit that deliver health care. Previous studies have shown that job satisfaction or dissatisfaction has a significant impact on the quality of health care provided. A variety of studies have been conducted to ascertain what environmental factors affect job satisfaction. The purpose of this research study was to determine if a correlation existed between medical, surgical, and oncological staff nurses' job satisfaction and their perceived leadership style of their head nurse at this particular institution.

Leadership style has been divided into two working styles: Participatory and authoritarian. A third style, laissez faire, is not mentioned since it is considered to be a complete lack of

leadership. There are two concepts that have been shown to accurately assess leadership style: Consideration and initiating structure.

Three instruments were used: the Minnesota Satisfaction Questionnaire, the Supervisory Behavior Description Questionnaire, and a questionnaire to collect general demographic data. Fifty-four questionnaires wer distributed and 26 questionnaires were compelted and returned.

The leadership dimensions of consideration and initiating structure were separate ($r = .6179$, $p < .001$). Staff nurse satisfaction was related to the perceived consideration of the head nurse ($r = .4901$, $p < .05$) and the unit the nurse worked on ($r = .3230$, $p < .05$). Perceived initiating structure was not related to satisfaction.

Consensus perceptions of head nurse leadership style were obtained for each of the four units. The head nurses were divided into two groups: high consideration, high structure and high consideration, low structure. Analysis of variance for satisfaction between units was significant ($F_{3,22} = 3.9248$, $p < .05$). Analysis of variance for consideration was significant ($F_{3,22} = 4.1136$, $p < .05$) as it was for structure ($F_{3,22} = 3.1288$, $p < .05$).

Head nurse consideration was found to be a major influencing factor of staff nurse job satisfaction. Although structure was not significantly correlated, it did have a positive correlation to satisfaction. Therefore, structure did have some influence on satisfaction.

AUTOBIOGRAPHICAL STATEMENT

Name: Nancy Louise Lewis

Birth: Pittsburgh, Pennsylvania

Birth Date: October 23, 1951

Education: The Western Pennsylvania Hospital School of Nursing, Diploma, 1974

The University of Southern Mississippi, BSN, 1984

Wayne State University, Master's Candidate, May, 1987

Employment: Nancy L. Lewis is a Major in the United States Air Force, Nurse Corps. She has been practicing nursing in the Air Force for 12 years. Her last six years have been in middle management positions in various health care settings. She was selected by the Air Force to pursue her Master of Science Degree as a full-time student. After graduation, she will attend a four month long Chief Nurse residency program, to be followed by a Chief Nurse position at an Air Force clinic.

Professional Affiliations: American Nurses' Association

Sigma Theta Tau

Awards: Selected for the National Dean's List publication, 1983-1984

Selected as Air Training Command's Nurse of the Year, 1984

Awarded the Air Force's Meritorious Service Medal in 1984

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